

Patient Name : Mr.KAILASH MOHATA	Visit No : CHA250037766
Age/Gender : 55 Y/M	Registration ON : 02/Mar/2025 02: 58PM
Lab No : 10135061	Sample Collected ON : 02/Mar/2025 03:01PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 02/Mar/2025 03:20PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 04: 17PM
Doctor Advice : SGPT,BILIRUBIN,CREATININE,RANDOM,CBC (WHOLE BLOOD),TROPONIN-T hs Stat,2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-T hs Stat				
TROPONIN-T	0.003	ng/ml	< 0.010	

NOTES :-

Troponin T hs is a member of the myofibrillar proteins of striated muscularis. These myofibrillar proteins are the building blocks of the contractile apparatus. Troponin T binds the troponin complex to tropomyosin and binds the neighboring tropomyosin molecules. The determination of troponin T in serum plays an important role in the diagnosis of myocardial infarction (AMI), microinfarction (minor myocardial damage - MMO) and myocarditis. Troponin T is detectable about 3-4 hours after the occurrence of cardiac symptoms. Following acute myocardial ischemia, Troponin T remains in the serum for a lengthy period of time and can hence help to detect myocardial events that have occurred up to 14 days earlier.

Cobas E 411 Troponin T hs Stat employs monoclonal antibodies specifically directed against human cardiac Troponin T (after release from the free cytosol and myofibrils.)

Based on the WHO criteria for the definition of AMI from the 1970s the cutoff (clinical discriminator) value for troponin T is 0.1 ng/ml according to ROC analysis.

Elevated Troponin T values are occasionally found in patients with restricted renal function despite the absence of definite evidence of myocardial Ischemia.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY Cobas E 411)

CHARAK

[Checked By]

Print.Date/Time: 02-03-2025 17:40:25

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.9	%	36 - 45	Pulse hieght detection
MCV	110.2	fL	80 - 96	calculated
MCH	39.1	pg	27 - 33	Calculated
MCHC	35.5	g/dL	30 - 36	Calculated
RDW	12.6	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5210	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytometry
LYMPHOCYTES	27	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	222,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	222000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,386	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,407	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	260	/cmm	20-500	Calculated
Absolute Monocytes Count	156	/cmm	200-1000	Calculated
Mentzer Index	30			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with macrocytes. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Shadab Khan

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	152.1	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
BILIRUBIN				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
SGPT				
SGPT	42.8	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



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2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm² (PHT)

Anterior Mitral Leaflet:

- (a) **Motion**: Normal (b) **Thickness** : Normal (c) **DE** : 1.6cm.
 (d) **EF** : 52mm/sec (e) **EPSS** : 04 mm (f) **Vegetation** : -
 (g) **Calcium** : -

Posterior mitral leaflet : Normal

- (a). **Motion** : Normal (b) **Calcium**: - (c) **Vegetation** : -

Valve Score : Mobility /4 Thickness /4 SVA /4
 Calcium /4 Total /16

2. **AORTIC VALVE STUDY**

- (a) **Aortic root** : 3.3cms (b) **Aortic Opening** : 1.9cms (c) **Closure**: Central
 (d) **Calcium** : - (e) **Eccentricity Index** : 1 (f) **Vegetation** : -

(g) **Valve Structure** : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

- (a) **EF Slope** : - (b) **A Wave** : + (c) **MSN** : -

(D) **Thickness** : (e) **Others** :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY** 6. **AORTIC MITRAL CONTINUITY**

Left Atrium : 3.1 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 1.0 cm (s) 1.6 cm

Motion : normal

LVPW (D) 0.9cm (s) 1.6 cm

Motion : Normal

LVID (D) 4.3cm (s)2.6cm

Ejection Fraction :70%

Fractional Shortening : 39 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.7 a = 0.5	Normal	-	-	-
AORTIC	1.6	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.9	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 70 %
- NO RWMA
- ALL VALVES NORMAL
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

OPINION – NORMAL 2D-ECHO & COLOUR DOPPLER STUDY

DR. RAJIV RASTOGI, MD,DM

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